U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only REC'D READ THE INSTRUCTIONS CARE E	FULLY BEFORE PREPARING THIS REPORT.
1. File Number U - 469	2. Fiscal Year Covered From: Through: 2 / 31 / 04
3. Name and address of person filing. Name TOHN TETTER	4. Name, file number, and address of labor organization. Name LABORERS LOCAL 603 Labor Organization File Number 043510
P.O. Box, Bldg., Room No., if any Street 451 WEST 9th 57	P.O. Box, Building and Room Number, if any Street 1701 STATE ST
City <i>ERIE</i> State <i>PA</i> ZIP Code + 4 <i>16.502-7</i>	City ERIE
(except as specified in the	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with	the state of the secondaries hersefit of
monetary value from an employer whose employees your significant	
6. Name and address of Employer (including trade name, if any). Name	n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.

N		File Number U-		
Name of Person Filing				
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name HARRY E. MUELLER	a. Labor Organiza	tion		
Trade Name, if any: THE KEY MAN	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 445 West 8th St.				
City ERIE State PA ZIP Code + 4 /16502-1330				
State		ing		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	O AND AFFICE		
Name	NAS LOCKS CHANGED ON OFFICE DOORS AFTER CHANGE OF			
Trade Name, if any:	UNTOW OF	FICERS		
P.O. Box, Bldg., Room No., if any	The state of the s	n timentiga ita ing papananganan mangangan mangangan ang pangga abawan atawa tangan mangan mangka mangka		
Street	11.b. Approximate dollar valu	ue of such dealing. \$59.29		
City City	12.a. Nature of interest hel			
State ZIP Code + 4	SPOUSE IS PART OWNER DE BUSINESS			
	OF BU			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)			
or from any labor relations consultant to an employer any payment or maney	er parts A and B above) or other thing of value. 14.a. Nature of payment.			
or from any labor relations consultant to an employer any paymont of the second s	er parts A and B above) or other thing of value. 14.a. Nature of payment.			
or from any labor relations consultant to an employer any paymont of the consultant to an employer and the consultant to a empl	er parts A and B above) or other thing of value. 14.a. Nature of payment.			
or from any labor relations consultant to an employer any paymon, or successful and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value. 14.a. Nature of payment.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value. 14.a. Nature of payment.			
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value. 14.a. Nature of payment.			

N		File Number U-	
Name of Person Filing			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name HIGHMARK BLUE CROSS PLUESHIELD	a. Labor Organiza	ation	
Trade Name, if any:	b. Trust		•
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1/1 STATE ST			
City ERIE	<i>C.</i>		
State PA ZIP Code + 4 /0501-135			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.	
Name LABARERS COMBINED FUNDS OF	5-TICKETS SPONSORE	S FOR HOCKEY S BY HICHN	I GAME ARK
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	egym - Cyfrifiae y gan y cyfrifiai a cyfrifiai y cyfrifiai y cyfrifiai y cyfrifiai y cyfrifiai y cyfrifiai y c Cyfrifiai y cyfrifiai y cy		Alexandria que en especia de la francia de la participa dela participa del la participa de la participa dela participa de la participa del la participa de la participa dela participa de la participa de la participa de la participa del la participa de la participa de la participa dela participa del la participa de la participa de la participa de la participa del la participa della part
Street 1109 FIFTH AVE.	11.b. Approximate dollar val		55.00
		dd or income received	
City PITISBURGH	12.a. Nature of interest he	IG OF MEDITIE FECTIVOS.	
City FITISBURGH State PA ZIP Code + 4 15219-	12.a. Nature of interest ne	A CONTROL OF THE CONT	
7/D Code + 4 1/5 2 / 9	12.a. Nature of interest he		
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State PA ZIP Code + 4 15219 -	12.b. Amount.		
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